U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

Name Hector

P.O. Box, Bldg., Room No., if any

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

0)

Labor Organization File Number

04

Name SETU LUCAL 328T

P.O. Box, Building and Room Number, if any

4. Name, file number, and address of labor organization.

Through: 22

37 .

City Numberle	City New York		
State ZIP Code + 4 700/2	Clair (February Manager Control Contro		
5. Position in labor organization.			
Secretary - Treasu	rec		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu-	Use or minor child directly on Indivent.		
	and a sector in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, If any:			
P.O. Box, Bidg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4	<u>。在2011年的基本企業的基礎的第三</u>		
ZIF Code +4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Pe submitted in this report (including the information contained in any accompanying	rjury and other applicable penalties of the law, that all of the information		
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Whith The	On 8-9-05 212 -250-265		
	On 8-9-05 212 - 388 - 385 1 Date Telephone Number		
orm LM-30 (2003)	- september		

Name of Person Filing Lictor J. Figueroa			
		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Building Service 3213 J. Thomas Short	······		
Trade Name, if any: Training Scholarship & Suffery h	a. Labor Organizati	ion	
P.O. Box, Bidg., Room No., if any			
Street 101 Docume of The America,	c. Employer	,	
City New york			
State			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	J.	
Name	See answer	hy question to	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar value o	The state of the s	
State ZIP Code + 4	12.a. Nature of interest held or		
The business is a Taft-Hartley benefit fine	honory get	int fund two tears	
collective bangaring agreements between the	Scholastap		
real estate industry. The employers and the union	h Establish		
The business is a Taft-Hartley bene fit fund that provides benefits to employees unler contestive bangaining agreements between the union and hundreds of employers in the Ny real estate industry. The employers and the union make contributions to the fund, and union employees are fund participants,	12.b. Amount.		
C. Received from any amployer (other than		1115.00	
- Thiployer any payment of mone	or other thing of value.	*	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
hand .			

Name of Person Filing Lector J. Figueron	File Number U-	
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business sactively seeking to represent, or	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Building Sewice 32BI Health fund		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 101 Anenue of the Aneuras	C c. Employer	
City Pew of OTA		
State ZIP Code + 4 10013		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Unsuers to question to	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4	Attended Brand & Trusteer recent	
fund that provides benefits Demployees	AT WHILE WINCH WAS SEET HE	
ander affective bargaining agreements		
The business is a Taft-Hartley benefit fund that provides benefits to employees and collective bangainster agreements between the anion and bundeds of employers in the NY replestate indestry, The employers make contributions to the Fur		
	A	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name The State of		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	